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| <b>Issue Classification</b><br> | <b>Application/Control No.</b><br>10755843 | <b>Applicant(s)/Patent Under Reexamination</b><br>VELEV, ORLIN |
|   | <b>Examiner</b><br>KAJ K OLSEN             | <b>Art Unit</b><br>1795  |

| ORIGINAL           |                                   |          |  |  |  | INTERNATIONAL CLASSIFICATION |   |   |   |                      |             |  |  |  |  |  |  |  |
|--------------------|-----------------------------------|----------|--|--|--|------------------------------|---|---|---|----------------------|-------------|--|--|--|--|--|--|--|
| CLASS              |                                   | SUBCLASS |  |  |  | CLAIMED                      |   |   |   |                      | NON-CLAIMED |  |  |  |  |  |  |  |
| 204                |                                   | 547      |  |  |  | G                            | O | I | N | 27 / 26 (2008.01.01) |             |  |  |  |  |  |  |  |
| CROSS REFERENCE(S) |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
| 204                | 843                               |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |
|                    |                                   |          |  |  |  |                              |   |   |   |                      |             |  |  |  |  |  |  |  |

| <input type="checkbox"/> Claims renumbered in the same order as presented by applicant <input type="checkbox"/> CPA <input type="checkbox"/> T.D. <input type="checkbox"/> R.1.47 |          |       |          |       |          |       |          |       |          |       |          |       |          |       |          |
|---|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|-------|----------|
| Final   | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original | Final | Original |
| 1   | 1        | 16    | 17       | 32    | 33       |       |          |       |          |       |          |       |          |       |          |
| 2   | 2        | 18    | 18       | 33    | 34       |       |          |       |          |       |          |       |          |       |          |
|   | 3        | 19    | 19       | 34    | 35       |       |          |       |          |       |          |       |          |       |          |
| 3   | 4        |       | 20       | 35    | 36       |       |          |       |          |       |          |       |          |       |          |
| 4   | 5        | 20    | 21       | 36    | 37       |       |          |       |          |       |          |       |          |       |          |
| 5   | 6        | 21    | 22       | 17    | 38       |       |          |       |          |       |          |       |          |       |          |
| 6   | 7        | 22    | 23       | 37    | 39       |       |          |       |          |       |          |       |          |       |          |
| 7   | 8        | 23    | 24       |       |          |       |          |       |          |       |          |       |          |       |          |
| 8   | 9        | 24    | 25       |       |          |       |          |       |          |       |          |       |          |       |          |
| 9   | 10       | 25    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 10  | 11       | 28    | 27       |       |          |       |          |       |          |       |          |       |          |       |          |
| 11  | 12       | 27    | 28       |       |          |       |          |       |          |       |          |       |          |       |          |
| 12  | 13       | 28    | 29       |       |          |       |          |       |          |       |          |       |          |       |          |
| 13  | 14       | 29    | 30       |       |          |       |          |       |          |       |          |       |          |       |          |
| 14  | 15       | 30    | 31       |       |          |       |          |       |          |       |          |       |          |       |          |
| 15  | 16       | 31    | 32       |       |          |       |          |       |          |       |          |       |          |       |          |

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|---|--|------------------------------|---------------------|
| NONE  |  | <b>Total Claims Allowed:</b> |                     |
| (Assistant Examiner)                            |  | 37                           |                     |
| (Date)  |  |                              |                     |
| /KAJ K OLSEN/<br>Primary Examiner Art Unit 1795 |  | 2/6/2009                     | O.G. Print Claim(s) |
| (Primary Examiner)                              |  | (Date)                       | O.G. Print Figure   |
|   |  | 18                           | 1A                  |